

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566578

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		-		/		
3		-		/		
4		-		/		
5		-		/		
6		-		/		
7		-		/		
8		-		/		
9		-		/		
10		-		/		
11		-		/		
12		-		/		
13		-		/		
14		-		/		
15		-		/		
16		-		/		
17		-		/		
18		-		/		
19		-		/		
20		-		/		
21		-		/		
22		-		/		
23		-		/		
24		-		/		
25		-		/		
26		-		/		
27		-		/		
28		-		/		
29		-		/		
30		-		/		
31		-		/		
32		-		/		
33		-		/		
34		-		/		
35		-		/		
36		-		/		
37		-		/		
38		-		/		
39		-		/		
40		-		/		
41		-		/		
42	/		/			
43		-		/		
44		-		/		
45		-		/		
46		-		/		
47		-		/		
48		-		/		
49		-		/		
50		-		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3		/		
52		-		/		
53		-		/		
54		-		/		
55		-		/		
56		-		/		
57		-		/		
58		-		/		
59		-		/		
60		-		/		
61		-		/		
62		-		/		
63		-		/		
64		-		/		
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	62	←		←
TOTAL CLAIMS			64			